


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000121048 1. Entity Name MMSTC, LLC	
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Principal Place of Business 3380 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE, FL 32092	Mailing Address 3380 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE, FL 32092
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01082007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3971342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARSH, MARK L  
3380 AGRICULTURAL CENTER DRIVE  
ST. AUGUSTINE, FL 32092

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

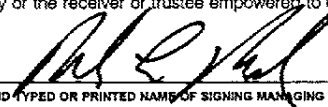
**Filing Fee is \$50.00 Due by May 1, 2007**

U00000582087  
01/11/07-80016-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARSH, MARK L 3380 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SLINGLUFF, MICHAEL 3380 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE, FL 32092
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1-8-07 904-827-8788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #